

## Activities Task Sheet Report

Worker: \_\_\_\_\_  
 Client: \_\_\_\_\_  
 Week: \_\_\_\_\_

Observations: \_\_\_\_\_  
 Services: \_\_\_\_\_  
 Personal Care Services (PCS)

Activity Code	SUN	T/D	MON	T/D	TUE	T/D	WED	T/D	THU	T/D	FRI	T/D	SAT	T/D
20 - Bathing / Grooming														
21 - Dressing / Undressing														
22 - Toileting														
23 - Ambulation / Mobility														
24 - Meal Preparation / Set-up														
25 - Shopping / Errands														
26 - Accompanying to Medical Appointment														
27 - Laundry														
28 - Medication Reminder														
29 - Feeding														
30 - Transfer														
31 - Housekeeping														
32 - Incontinence Care														
33 - Transport to Medical Appointments / Services														
34 - Report Changes in Condition														
35 - Administer Medications														
36 - Skin / Decubitus Care														
37 - Tube Feedings														
38 - Catheter Care														
39 - Tracheostomy Care														
40 - Wound Care														
41 - Ventilator Care														
42 - Respite														

RN Signature: \_\_\_\_\_

Date: \_\_\_\_\_

